

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 181 OF 419
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Frank J Eismont MD

Mailing Address 4201 Palm Ln

City	State	Zip Code
Miami	FL	33137

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Miami

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 7377207

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William C McMaster MD

Mailing Address 3032 Capri Lane

City	State	Zip Code
Costa Mesa	CA	92626

FEC ID number of contributing federal political committee.

C

Name of Employer

UCI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 7377208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Warren L Butterfield MDMailing Address 652 South Medical Center Drive
Suite 120

City	State	Zip Code
Saint George	UT	84790

FEC ID number of contributing federal political committee.

C

Name of Employer

Rim Rock Orthopaedic and Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 7377209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►